

Wisconsin Department of Regulation & Licensing

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NURSING HOME ADMINISTRATORS EXAMINING BOARD

VERIFICATION OF LICENSURE

SECTION I: TO BE COMPLETED BY THE APPLICANT. Applicant completes this section and forwards the form to the registration agency in the state where currently licensed. It is recommended that you provide a pre-addressed envelope with your request.

Name _____ Date of Birth _____
Address _____ Registration # _____
City _____ State _____ Zip Code _____

SECTION II: TO BE COMPLETED BY REGISTRATION AGENCY. Registration Agency completes this section and returns it to the Department of Regulation and Licensing at the address shown above.

A. The above named individual was issued a license as a Nursing Home Administrator in this state. Information regarding the license is provided below.

License # _____ Date Issued _____ Valid Until _____

B. The license was issued based by ☐ Written examination
NAB ☐ Yes ☐ No
If yes, raw score _____
If no, describe examination on back of page.
☐ Reciprocity from _____
☐ Other - details provided on back of page

C. Information on Requirements

- 1) Describe any education requirements for registration in your state.

- 2) Describe any requirements for experience in the field of institutional administration for registration in your state.

D. Was formal disciplinary action ever taken against the above-named individual?

☐ Yes ☐ No If yes, please explain on the back page.

E. SIGNATURE _____ DATE _____

TITLE _____ STATE _____

(BOARD SEAL)